

DEPARTMENT OF THE ARMY TECHNICAL BULLETIN

PSEUDOFOLLICULITIS OF THE BEARD

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1. Purpose. This technical bulletin provides information with respect to the diagnosis and medical management of pseudofolliculitis of the beard (PFB). It is specifically intended to assist medical officers in the proper management of active duty members of the US Army who are afflicted with this condition.

2. Introduction. *a. Synonyms.* Pseudofolliculitis of the beard (barbae) is also known as pili incarnati, chronic scarring pseudofolliculitis of the beard and ingrown hairs of the beard.

b. Definition. Pseudofolliculitis of the beard is a chronic papulopustular dermatitis of the bearded area resulting from re-entry penetration of the epidermis by the growing hair.

c. Epidemiology. Although it may occur in any male with curly hair, the black man's genetic predisposition to tight coiling makes him particularly susceptible to this condition. Severe forms are usually encountered only in this race. The association with shaving, particularly close shaving, is widely accepted. The exact incidence is unknown but the condition, particularly in its mild forms, appears quite common in black men. Clinical impressions are that many patients have fathers and/or brothers with this problem. This observation suggests that pseudofolliculitis does not "disappear" at some specific age.

d. Military considerations.

(1) Standards of appearance as specified in current Army regulations do not permit the active duty member to exercise the option to wear a beard. Since

pseudofolliculitis of the beard often becomes apparent only following a period of regular shaving, the majority of men with this condition have had insufficient cause to develop this problem before entering military service.

(2) The medical management (to be outlined) of pseudofolliculitis of the beard often necessitates the wearing of a beard during some phase of treatment. The commander is acutely aware of the bearded military patient when he appears in sharp contrast to his clean-shaven counterpart. This encounter can create diverse problems if all parties concerned fail to recognize the necessity for medical treatment. This is a particularly sensitive area in interpersonal relations because it commonly concerns a minority (the bearded soldier-patient) within a minority (the black man).

(3) Problems related to morale and discipline should not influence a medical decision for proper treatment of the military patient. The well-motivated soldier within an informed military community should not create problems relating to morale and discipline because he is receiving legitimate medical therapy.

(4) AMEDD personnel must work with both the military community and the patient to insure an environment within which proper treatment of pseudofolliculitis barbae can exist in harmony with the traditions and discipline of the military community.

(5) Individual military patients who exceed the medical authorization required for treatment must expect to be subject to the same discipline as their cohorts. This is a command responsibility.

*This bulletin supersedes TB MED 287, 15 August 1973.

develops, the patient should limit barium sulfide to one-third of the bearded area at a time until he becomes proficient in the removal technique. To alleviate the irritation sometimes caused by such agents, a wet dressing (e.g., washcloth and cool water) may be held against the face for 3 to 5 minutes, followed immediately by the application of a corticosteroid cream over the involved area.

(3) *Use of calcium thioglycolate preparations.* Many commercial depilatories contain calcium thioglycolate. SURGEX (calcium thioglycolate trihydrate cream, 5%, Surgical Depilatory, FSN 6505-00-926-8987) is available in the medical formulary as a Federal stock item.

Directions. A thick layer of cream is applied, covering all hair to be removed (in the same manner described for barium sulfide), and spread evenly against the direction of hair growth. Disposable gloves may be worn if desired. After waiting 10 to 15 minutes for any one area, the cream is removed with a spatula or tongue blade. To insure complete removal, that portion of the face should be rinsed thoroughly and rapidly three times, using soap between rinses.

6. Guidelines for treatment in relation to clinical severity. *a. Mild condition.* (Few scattered papules with scant hair growth of the beard area.) A trail of shaving every 3 days with an adjustable razor at the low blade angle or No. 1 or No. 2 reading should be evaluated. These settings, if used in the direction of hair growth, will avoid a close shave. Rubbing a rough washcloth across the area each morning may mechanically dislodge the tips of hairs that have reentered the skin.

b. Moderate condition. (Heavier beard growth, more scattered papules; no evidence of pustules or denudation.) Use a chemical depilatory. Instruct the patient with directions as discussed in paragraph 5c.

c. Severe condition. (Many papules with pustules and/or denuded areas.) The patient should allow beard growth (for profile limitations see para 7), and be observed for resolution of the pseudofolliculitis process. Clearing usually occurs within a month, although a few remaining papules may require that the ingrown tips be mechanically dislodged as described. An initial worsening may appear the week following the discontinuation of shaving since all hairs are now available for re-entrance into the skin. Following this initial paradoxical response, the dermatitis will go into remission. The mechanical reasons for the remission are described and illustrated in figure 2. When the pseudofolliculitis is no longer evident, hair removal should be resumed

in accord with instructions listed under moderate condition *b* above.

d. Progressive disease. Patients who demonstrate severe adverse reaction and progression of the disease following all methods of hair removal should be allowed to increase their hair length. The length of the hair required to prevent pseudofolliculitis of the beard is not great. Usually one-fourth inch is sufficient. The profile given to the patient should specify the maximum length of beard that is necessary. The length should not exceed one-fourth inch unless the physician giving the profile specifically states that a beard longer than one-fourth inch is necessary. In all cases the maximum length should be stated. This one-fourth inch length refers to the total measurement of the curled hair. Virtually all individuals with pseudofolliculitis barbae will require profiling of the entire face and neck area. The frequency of shaving should be specified by the appropriate physician, dermatologist or physician's assistant (e.g., once weekly, etc.). The profile should clearly state, to the commander and the soldier, the method of treatment, frequency and method of shaving permitted, and maximum length of hair that is necessary for treatment.

7. Profile considerations. *a. General.* In accordance with current Army regulation (chap 9, AR 40-501), a DA Form 3349 (Physical Profile Board Proceedings) must be issued for active duty personnel when beard growth is required during treatment of pseudofolliculitis barbae. This record functions as a means of communication between the medical facility and the patient's commander, informing the latter of the member's physical condition. For temporary profiles, four copies are necessary; original and one copy to the unit commander; one copy in the health record. For permanent profiles five copies are necessary: Original and one copy to the unit commander; one copy to the health record; and one copy in the clinic file. **THE PATIENT WILL ALSO BE GIVEN A COPY. THE UNIT COMMANDERS' COPIES ARE TO BE DELIVERED BY MEANS OTHER THAN THE PATIENT** (see para 9-10 and 9-12, chap 9, AR 40-501).

b. Designation. A patient with pseudofolliculitis of the beard will not ordinarily require a restriction in duty or assignment. While under the treatment, his appearance may differ from that prescribed in current Army regulations. For this reason the numerical designation "2" will be utilized under the "P" factor of the "PULHES" profile system. The nature of the profile will need to be further identified as temporary or permanent.

c. Temporary profiles. This form of profile is used during treatment of pseudofolliculitis barbae,

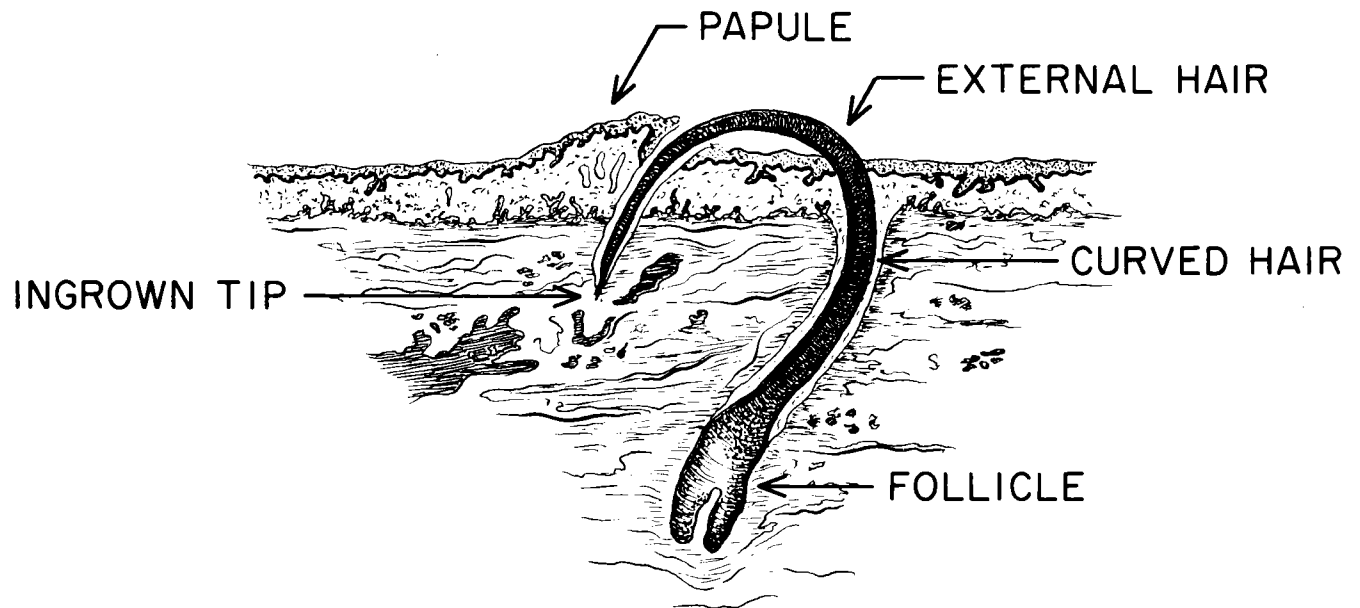


Figure 1. Pathogenesis of pseudofolliculitis barbae.

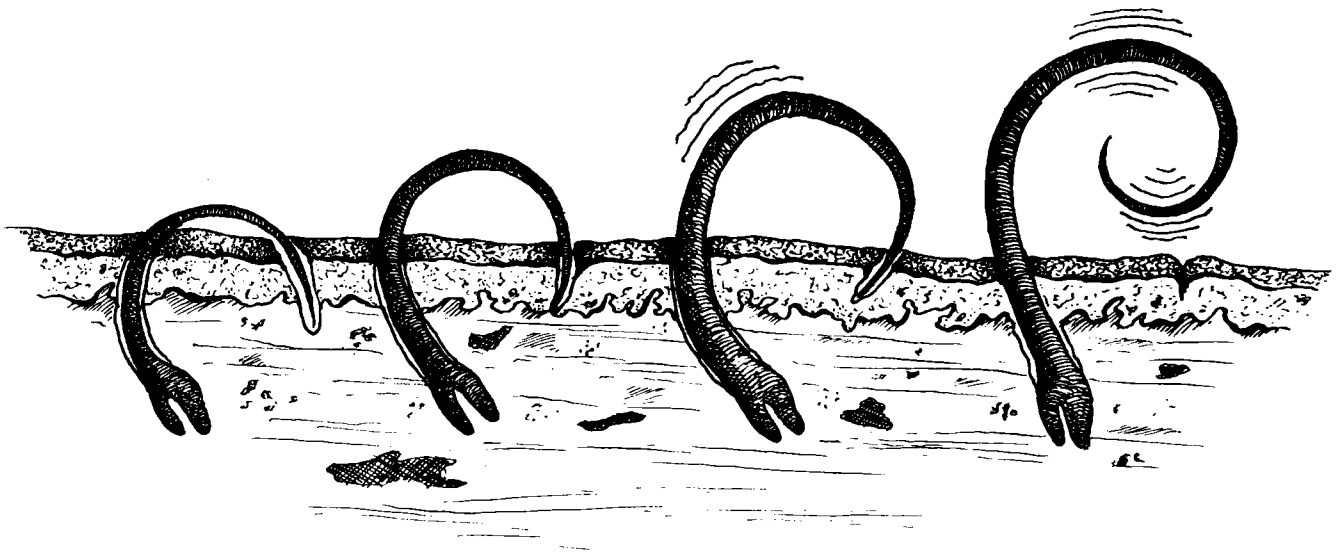


Figure 2. Use of beard in treatment of pseudofolliculitis barbae.

APPENDIX A REFERENCES

The following listed publications normally can be obtained at, or through, AMEDD library facilities:

Craig GE: *Shaving in Relationship to Disease of the Bearded Area of the Face*. Arch Dermatol 71:11-13, 1955.

Strauss JS, Kligman AM: *Pseudofolliculitis of the Beard*. Arch Dermatol 74:533-542, 1956.

Kenney JA: *Management of Dermatoses Peculiar to Negroes*. Arch Dermatol 91:126-129, 1965.

Fitzpatrick TB et al: *Dermatology in General Practice*. New York, McGraw-Hill Book Co., 1971, pp 329-330.

Brauner GH, Flandemeyer KL: *Pseudofolliculitis Barbae*. 2:Treatment. Int J Dermatol 16:520, 1977.

Rook A, Wilkinson DS, Ebling FJG: *Textbook of Dermatology*. Phila. FA Davis Co., 1979, pp 501, 559.

Domonkos AN, Arnold HL, Odom RB: *Andrews' Diseases of the Skin*. Phila. WB Saunders Co., 1982, page 952.

APPENDIX B

SPECIAL NOTE TO COMMANDER

1. This TB MED discussed a skin disease called Pseudofolliculitis Barbae (PFB). PFB refers to a situation where the hairs of the beard instead of growing outward, curl back into the skin. This causes lumps in the skin which may be cut during shaving and may become infected. The condition is often worsened by shaving too closely or by attempts to pluck out ingrown hairs.

2. Medical treatment of this condition is often necessary. The treatment methods vary depending on the exact nature of the case, but usually include one or more of the following:

a. Vigorous face washing with a rough washcloth.

b. Different methods of shaving, such as use of an electric razor or a safety razor that cuts less closely.

c. Use of special chemicals, called depilatories, which cause the facial hair to fall out. These include:

(1) *Use of barium sulfide powder.* This comes in various commercial products, one of which is called "Magic Shave." The patient treats himself with a paste made from this powder, following instructions provided by medical personnel.

(2) *Use of calcium thioglycolate preparations.* One of the most common is a cream called "Surgex." Again, the patient treats himself with the cream, following instructions provided by medical personnel. The patient may need to use disposable gloves while applying the cream.

3. In some cases, these methods of treatment are sufficient to correct the condition. However, during the course of such treatment patients may need to be given a temporary medical profile authorizing wearing a beard of a specified length, usually no greater than one-quarter inch.

4. If other forms of treatment fail, it may be necessary for the patient to wear a beard permanently. In this case, a permanent medical profile is awarded stating how long the beard should be. The profile will also state the methods of treatment that continue to be necessary, and the frequency and method of shaving that is permitted.

5. Once the decision is made to give a permanent beard profile, it means that further improvement of the condition is unlikely and that the condition that requires the beard is considered permanent. Further reevaluations of the cases are not required but may be requested by a commander or by medical person-

nel when there are signs of a change in the clinical conditions.

6. It is not possible to state exactly how long treatment of PFB will take and what treatment method will be needed, since they vary from case-to-case. Often the temporary profile which is provided the soldier and the commander will answer these questions. If not, medical personnel should use other methods to contact commanders and provide necessary guidance.

7. Unfortunately, the wearing of a beard may interfere with the proper protection provided by a protective mask, since even short beards may permit some air leakage. Accordingly, soldiers who have a profile authorizing a beard may be unable to perform duties requiring use of a protective mask in an actual toxic environment. This situation does not arise often, but medical department personnel are aware of the possible effects of a "beard profile" on job performance. Therefore, they are cautioned not give such a profile unless all other therapeutic methods have failed.

8. A more common situation is that a soldier with a beard may need to wear a protective mask in training and simulated tactical situations. This can be done, since there is no actual risk of exposure to chemical agents. Accordingly, a soldier with a beard profile should be able to perform his normal duties and wear a protective mask for training purposes. Normally, no change in a soldier's assignment or duties will be necessary as a result of a beard profile.

9. If there is an actual imminent danger of the use of chemical or biological agents, then unit commanders are authorized to require soldiers to shave their beards so they can receive effective protection from their protective masks. However, the authority to overrule the medical profile should only be used if there is an actual danger of chemical or biological agents being employed. Shaving of beards cannot be required solely for training exercises.

10. Members of any ethnic group may develop PFB, but the condition is much more common among black soldiers. This fact and the fact that the condition may require wearing of a beard has sometimes led to disciplinary and morale problems. To reduce this risk several steps have been taken in this TB MED:

a. Medical personnel are directed to use other

The proponent agency of this regulation is the Office of the Surgeon General.

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